	1.	(Column 1)				10 789,861
	BASIC FEE (37 OFR 1.16(a))	NUMBER FILED	(Column 2)	SMALL ENTI	T.Y OR	OTHER HAM
٠.	TOTAL CLAIMS (37 CFR 1.16(C))		NUMBER EXTRA	- RATE F	EΕ	SMALL ENTITI
	INDEPENDENT CLAIMS	minus 20 =		- 5		RATE FR .
		minus J =	1.	1 KS 20 = 1	OR	FO S
	MULTIPLE DEPENDENT CL	AIMPRESENT . (37 CF	R 1.16(d)]	x <u>s 100</u>	1	50. 200
	If the difference in column	1 is less than zero, enter 7	Tion and	+ 5.180		360
	CLAIMS	AS AMENDED - PA	ARTII	TOTAL	1	DYAL
	(Col	ıma II				TAC
	₹ 28 01 REM	AINING HI	SHEST	SMALL ENTITY	OR (OTHER THAN
- 1	E Total AMEN	DIMENT	MBER. PRESENT MOUSLY EXTRA	RATE ADDI-	1	MALL ENTITY
`	(1) CFR (.16(c)) 14-	20		TIONAL FEE	RAT	E AD
ŀ	2	2	2	x s 25 =	OR X 5	l ca l
. [STOCK MULTIPLE DEPENDENT CLAIM (3) CCO. 1					=
		-		+ s (80=	OR + 310)
	CLAIN REMAIN	(Colu	mn 21 (Column 3)	400.0 LEE	OR TOTAL	Ε .
ACK CA	AFTEI AMENOM	R PREVIO	BER PRESENT	RATE]	
AMENON	(31 CFR 1.19(d) .	. Minus	OR =	TIONAL	PATE	ioaa
AMA	GI CFR 1.14011	· Minus ···	=	x s 25 =	OR x 50=	TIONAL FEE
1	FIRST PRESENTATION OF MU	TIPLE DEPENDENT CLAIM	(37 CFR 1.16(d))	× s 100 =	OR $\times 5200$	+
1	•			+ 5 180=	OR +360	
O	(Column 1) CLAIMS	(Column	2) (Column 3)	400 Y FEE	OR ADD'L FEE	
ENT	REMAINING AFTER AMENOMEN	I NUMBER	PRESENT	RATE		
Š	(JI CFR LISCH	Minus	RY EXTRA	TIONAL	RATE	A00I
AMENDMENT	Independent (17 CFR 1.46CO)	Minus		· <u>\$</u> 25 = FEE	-	TIONAL FEE
	FIRST PRESENTATION OF HULL TI	SIE DEBENDENT COMM (1)	1 ×	<u>51001</u>	OR K 5 200	
•	If the			<u>s 180.</u>	DR + 360	
	If the entry in column 1 is less to If the "Highest Number Previous If the "Highest Number Previous The "Highest Number Previous	ian the entry in column 2.	write "0" in column 3.	DOT FEE	TOTAL OR ADO'L FEE	
	me Highes (Humber Des	Y Paid FOC IN THIS SOLO	E IS less than 20 enter -	0.	~oot €€€ .	1 .

If the entry in column 1 is tess than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For IN THIS SPACE is tess than 20, enter "20".

The "Highest Number Previously Paid For IN THIS SPACE is tess than 3, enter "3".

The "Highest Number Previously Paid For IN THIS SPACE is tess than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is required previously paid For Internation is required to obtain or retain a benefit by the public which is to fite (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, and trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS

If you need assistance in completing the form, call (-800.P FO.9139 and select option 2